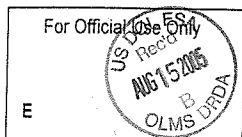


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>NA</u> <u>6978</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JOHN E. BROTHERS</u> P.O. Box, Bldg., Room No., if any Street <u>5350 WESTHALL AVE.</u> City <u>LOUISVILLE</u> State <u>KENTUCKY</u> ZIP Code + 4 <u>40214</u>	4. Name, file number, and address of labor organization. <u>NA</u> Name <u>INTERNATIONAL UNION OF OPERATING ENGINEERS</u> <u>LC # 181</u> Labor Organization File Number <u>NA 032196</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 34</u> Street <u>700 NORTH ELM ST.</u> City <u>HENDERSON</u> State <u>KENTUCKY</u> ZIP Code + 4 <u>42419</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John E. Brothers</u>	On <u>Aug. 10, 2005</u> (502) 368-5607 Date Telephone Number

Name of Person Filing JOHN E. BROTHERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any). Name INTERNATIONAL UNION OF OPERATING ENGINEERS LO#181 Trade Name, if any: HEALTH + WELFARE TRUST. P.O. Box, Bldg., Room No., if any P.O. Box 1179 Street 700 N. Elm St. City HENDERSON State KENTUCKY ZIP Code + 4 2419	9. Business deals with: <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="radio"/> a. Labor Organization </div> <input type="radio"/> b. Trust <input type="radio"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="text-align: center; padding: 10px;"> ATTENDING QUARTERLY TRUSTEE MEETING FEB 5, 2004 THRU FEB 6, 2004 </div>
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. <div style="text-align: center; padding: 10px;"> REIMBURSEMENT FOR TRAVEL, LODGING + MEALS </div>
	12.b. Amount. \$ 172.25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JOHN E. BROTHERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any). Name INTERNATIONAL UNION OF OPERATING ENGINEERS LO#181 Trade Name, if any: HEALTH + WELFARE TRUST. P.O. Box, Bldg., Room No., if any P.O. Box 1179 Street 700 N. Elm St. City HENDERSON State KENTUCKY ZIP Code + 4 2419	9. Business deals with: <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="radio"/> a. Labor Organization </div> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;"> ATTENDING QUARTERLY TRUSTEE MEETING MAY 12, 2004 THRU MAY 13, 2004 </div>
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;"> REIMBURSEMENT FOR TRAVEL, LODGING + MEALS </div>
	12.b. Amount. \$ 190.82

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing JOHN E. BROTHERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any).

Name **INTERNATIONAL UNION OF
OPERATING ENGINEERS LO#181**
Trade Name, if any: **HEALTH + WELFARE TRUST.**

P.O. Box, Bldg., Room No., if any **P.O. Box 1179**

Street **700 N. Elm St.**

City **HENDERSON**

State **KENTUCKY** ZIP Code + 4 **2419**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**ATTENDING QUARTERLY
TRUSTEE MEETING**

JULY 22, 2004 THRU JULY 23, 2004

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**REIMBURSEMENT FOR
TRAVEL, LODGING + MEALS**

12.b. Amount.

\$ 108.46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing JOHN E. BROTHERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any).

Name **INTERNATIONAL UNION OF
OPERATING ENGINEERS LO#181**
Trade Name, if any: **HEALTH + WELFARE TRUST.**

P.O. Box, Bldg., Room No., if any **P.O. Box 1179**

Street **700 N. Elm St.**

City **HENDERSON**

State **KENTUCKY** ZIP Code + 4 **2419**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**ATTENDING QUARTERLY
TRUSTEE MEETING**

OCT 21, 2004 THRU OCT. 22, 2004

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**REIMBURSEMENT FOR
TRAVEL, LODGING + MEALS**

12.b. Amount.

\$ 191.55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing JOHN E. BROTHERS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

8. Name and address of Business (including trade name, if any). INTERNATIONAL UNION OF OPERATING ENGINEERS LO#181 HEALTH + WELFARE TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1179 Street 700 N. Elm St. City HENDERSON State KENTUCKY ZIP Code + 4 2419	9. Business deals with: <div style="border: 1px solid black; border-radius: 15px; padding: 2px; display: inline-block; margin-bottom: 10px;">a. Labor Organization</div> b. Trust c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. ATTENDING INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS SEMINAR NEW ORLEANS L.A. NOV 29, 2004 THRU DEC 4, 2004 <hr/> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT FOR TRAVEL, LODGING, MEALS, PARKING TIPS <hr/> 12.b. Amount. \$1420.20
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.